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**Department of Forensic Science
Breath Alcohol Section
Instrument Location History
1/1/1990 To 3/13/2014**

Instrument Serial Number: 010581

As of 13-Mar-14

Start Date	End Date	Agency Name
13-Mar-14		Naval Weapons Station MP
13-Nov-13	13-Mar-14	DFS Central Lab
27-Feb-13	13-Nov-13	Scott County Sheriff's Office
01-Mar-10	27-Feb-13	DFS Central Lab
21-Apr-09	01-Mar-10	Fairfax County PD
30-Jun-08	21-Apr-09	DFS Central Lab

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INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number 010581 Worksheet Start Date 3/13/2014
Location Yorktown NWS
Address Building 702 Belzer Dr, Yorktown, VA 23691
DFS Technician Sarah Dersch License No. 24178

☐ Laboratory ☒ On-Site

Site Specification: No detrimental environmental conditions exist. ☒

Instrument Barometer (mm HG) 757 Reference Barometer (mm HG) 758
Reference Barometer(RB)Serial # 009111 RB Calibration Due 5/23/2014

Measurement Assurance Check

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.303
0.300	0.299	0.290	0.307	Sample 2	0.302
Precision		sample min	sample max	Sample 3	0.301
0.002		0.301	0.303		

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.100
0.100	0.100	0.097	0.103	Sample 2	0.100
Precision		sample min	sample max	Sample 3	0.100
0		0.100	0.100		

Dry gas standard Lot No. (with tank no.) AG316301-27

☐ Replaced dry gas standard (+O-ring)

☒ Installed at Location

☐ Removed to DFS-Central

Supplies
Mouthpieces
Certificates of Analysis
Operator Worksheet
Other:



Notes:

Instrument Serial Number

010581

Certification Date

☐ Calibrated☐ Certified☒ Measurement Assurance Check☒ Instrument Test☐ Troubleshooting/Maintenance Worksheet Completed

(Successful completion denotes satisfactory condition of the item.)

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.250		0.000	0.000	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.150		0.000	0.000	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.080		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.020		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

All measurements are in g/210L

Estimation of Uncertainty of Measurement and traceability records are located within the Breath Alcohol Section

DFS Technician

Date

3/13/14

Issuing Analyst

Date

3/13/14

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Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010581 Test Number: 1584

Test Date: 03/13/2014 Test Time: 12:10 EDT

Dry Gas Target: 0.299

Lot Number: AG321804-04 Exp Date: 08/06/2015

Tank Pressure: 193 psi Barometric Pressure: 757 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	12:12
CHK	0.303	12:12
BLK	0.000	12:14
CHK	0.302	12:15
BLK	0.000	12:17
CHK	0.301	12:17

Test Status: *Success*

Calibration CRC: 2692676C

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Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010581 Test Number: 1585

Test Date: 03/13/2014 Test Time: 12:21 EDT

Dry Gas Target: 0.100

Lot Number: AG316301-27 Exp Date: 06/12/2015

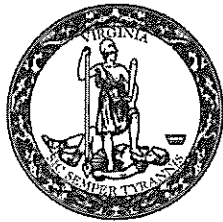
Tank Pressure: 213 psi Barometric Pressure: 758 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	12:21
CHK	0.100	12:22
BLK	0.000	12:24
CHK	0.100	12:25
BLK	0.000	12:26
CHK	0.100	12:27

Test Status: *Success*

Calibration CRC: 2692676C




COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

NAME OF ACCUSED INSTRUMENT, TEST,	NAME OF COURT DFS
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BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY DERSCH, SARAH, E		AGENCY DFS Central Lab
DFS LICENSE NUMBER 24178	LICENSE EXPIRES 10/01/2014	DATE TEST CONDUCTED 03/13/2014
TEST EQUIPMENT NUMBER 010581		

RESULTS: TIME SAMPLE TAKEN **12:35 EDT**

SAMPLE'S ALCOHOL CONTENT **0.00** GRAMS PER 210 LITERS OF BREATH

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20 _____.

BREATH TEST OPERATOR

☐ I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS _____ SUBJECT'S SIGNATURE

☐ SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS _____ OPERATOR'S SIGNATURE